

# CLAIMS ONLY

Application Number

10/759087

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1	1													
2														
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49														
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Total														
Indep	2													
Total														
Depend	28													
Total														
Claims	30													

  

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100														
Total														
Indep	1													
Total														
Depend	21													
Total														
Claims	22													

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52